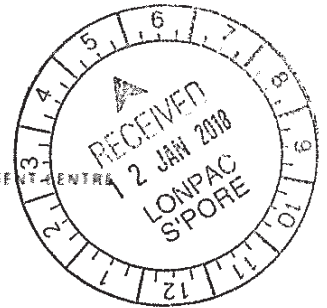


Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 11 Raffles Quay #18-00 Singapore 048580
 Tel: (65) 6724 9000 Fax: (65) 6724 0030
 Operating Hours: Monday to Friday 09:00 - 17:00
 (65) 6665 0020 / 247 Reg No: 0000001771



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No MNA118004597 Vehicle Registration No SKC 1585B
 Name (Print, Last - First) CHENG SU LING, LYNN NRIC/FIN/Passport No S9017408H
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address BLK 233 PASIR RIS DR 4 #04-484 Singapore 510333
 Contact / Tel / Mobile No 9248 2224
 Email Address /
 Date of Accident 09.01.18 Time of Accident 17:30 PM
 Place of Accident NEW UPPER CHANGI RD
 Insurance Company LONPAC INSURANCE BHD.

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments

I WAS TRAVELLING ALONG NEW UPPER CHANGI RD TOWARDS
BECK ROAD. AT THE POINT OF TIME MY VEHICLE WAS STATIONERY
ON THE FIRST LANE WHEN SUDDENLY I FELT AN IMPACT FROM
THE REAR. THE IMPACT WAS SO STRONG IT PUSHES MY VEHICLE
FORWARD AND HIT ONTO THE VEHICLE IN FRONT OF ME.

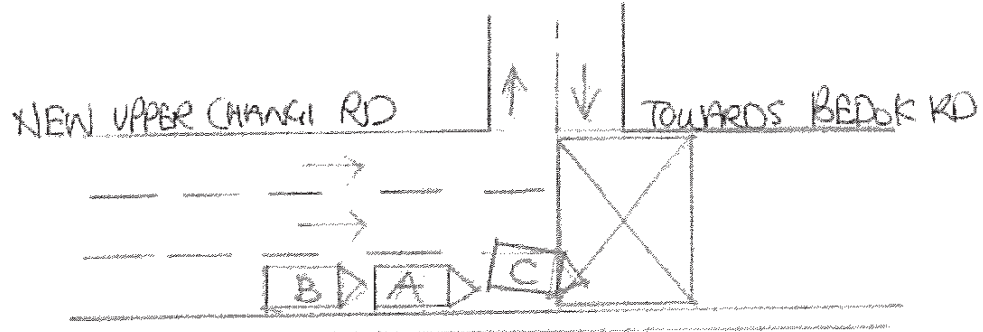
PLS REFER TO AMENDED SKETCH PLAN.

Policyholder / Driver's Signature
 Date 10/1/18

Reporting Centre Personnel's signature
 Name
 NRIC/FIN No
 Date

Accident Sketch Plan

SKETCH PLAN



① SKC 1525 B

⑧ SN 2447P

② 603 46147

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO THE ADDENDUM STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time.

Driver's Signature
(If driver is not the policyholder)
Date & Time.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No :



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 10/01/2018 10:12
 Date Of Accident 09/01/2018 17:30
 Exact Location Of Accident NEW UPPER CHANGI RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1585B
Insured/Policyholder
 Name Of Registered Owner STEVEN CHENG HING LEONG
 NRIC No S1365075F
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96727570
 Alternative Phone No OTHERS-96727570

Vehicle Particulars

Manufacturer HYUNDAI
 Model ELANTRA
 Exact Purpose for which vehicle was being used at time of accident GOING FOR DINNER

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number Z17VP05014970
 Cover Note Number

Driver

Name of Driver CHENG SHU LING,LYNN
 NRIC No S9017408H
 Date Of Birth 24/05/1990
 Occupation OUTDOOR
 Date Of Driving Pass 25/06/2010
 Driving Experience 7 YEARS AND 6 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-92482224
 Fax Number
 Contact Number
 Email Address NOEMAIL

| | |
|---|-----------------------------------|
| Address | BLK 233 PASIR RIS DR 4 #04-494 |
| Postcode | 510233 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 3 |
| Passenger 1 | NAME: : ASLAN BIN AHMAD GENDER: : MALE |
| Passenger 2 | NAME: : MUHAMMAD SYURHAN BIN JAAFAR GENDER: : MALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJN2447P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SJN2447P |
| NRIC/Passport Number | S7764127J |
| Contact Number | 82001698 |
| Address | |
| Postcode | |

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB4614T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ROY PANG
NRIC/Passport Number S1245346I
Contact Number 90907460
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHENG SHU LING,LYNN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC1585B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ASLAN BIN AHMAD
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC1585B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD SYURHAN BIN JAAFAR
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC1585B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

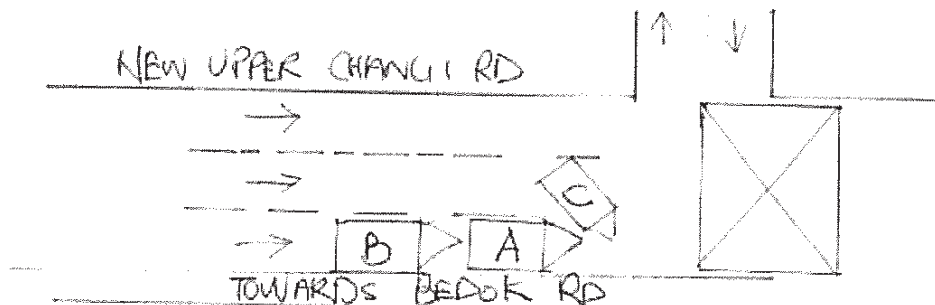

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/ID No:

Sketch Plan #2

SKETCH PLAN



① SKC 1585B

② SJN 2447P

③ GBB 4614T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG NEW UPPER CHANGI ROAD TOWARDS BEDOK ROAD. AT THE POINT OF TIME MY VEHICLE WAS STATIONERY ON THE FIRST LANE WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR. THE IMPACT WAS SO STRONG IT PUSHES MY VEHICLE FORWARD

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's signature
Date & Time

[Signature]
Driver's signature
(if driver is not the policyholder)
Date & Time

[Signature] 10/10/18
Reporting Centre Personnel's signature
Name:
NRIC/FIN No.: